

International Students Support Program

Application Form

Student Name: _____

First Name Last Name

Date of Birth: _____ / _____ / _____ **Age :** _____

Month Day Year

School Name: _____ **Grade:** _____

Mobile /Student: _____

Parent or Guardian: _____

First Name Last Name

Address : _____

Home Phone: _____

Mobile /Student: _____

Mobile/ Parent: _____

Email Address/ Parent: _____

Emergency Contact Person: _____

First Name Last Name

Contact Number: _____

Signature: _____ **Date:** _____

Your registration will not be processed until our accounting office confirms that the required payment has been made.

Please send your application form by e-mail or fax.

For further information, please feel free to contact us.

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